

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

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|---------------------------|--------------------------------|
| Title of Invention | Flexible container for liquids |
|---------------------------|--------------------------------|

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|-------------------------|-------------------|
| Application Number : | |
| Date : | |
| First Named Applicant: | Mr. Carlos Matias |
| Attorney Docket Number: | 139822 |

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| TOTAL FEE AUTHORIZED \$ 385 |
| Patent fees are subject to annual revisions on or about October 1st of each year. |

| Filing as small entity | | | | | | | | | | | | | | | | | | | | |
|---|-----------------|-------------|-------------|-------------|--------------------|------------------|-----|------|--|---|------------------------|---|------|----|---|--------------------------------------|--|--|--|--|
| BASIC FILING FEE | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>385</td><td>385</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 385</td></tr></tbody></table> | Fee Description | Fee Code | Amount \$ | Fee Paid \$ | Utility Filing Fee | 2001 | 385 | 385 | Subtotal For Basic Filing Fees: \$ 385 | | | | | | | | | | | |
| Fee Description | Fee Code | Amount \$ | Fee Paid \$ | | | | | | | | | | | | | | | | | |
| Utility Filing Fee | 2001 | 385 | 385 | | | | | | | | | | | | | | | | | |
| Subtotal For Basic Filing Fees: \$ 385 | | | | | | | | | | | | | | | | | | | | |
| EXTRA CLAIM FEES | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 6</td><td>0</td><td>2202</td><td>9</td><td>0</td></tr><tr><td>Independent Claims : 1</td><td>0</td><td>2201</td><td>43</td><td>0</td></tr><tr><td colspan="5">Subtotal For Extra Claims Fees: \$ 0</td></tr></tbody></table> | Fee Description | Extra Claim | Fee Code | Amount \$ | Fee Paid \$ | Total Claims : 6 | 0 | 2202 | 9 | 0 | Independent Claims : 1 | 0 | 2201 | 43 | 0 | Subtotal For Extra Claims Fees: \$ 0 | | | | |
| Fee Description | Extra Claim | Fee Code | Amount \$ | Fee Paid \$ | | | | | | | | | | | | | | | | |
| Total Claims : 6 | 0 | 2202 | 9 | 0 | | | | | | | | | | | | | | | | |
| Independent Claims : 1 | 0 | 2201 | 43 | 0 | | | | | | | | | | | | | | | | |
| Subtotal For Extra Claims Fees: \$ 0 | | | | | | | | | | | | | | | | | | | | |

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|---|-----------------------|
| AUTHORIZED BILLING INFORMATION | |
| The commissioner is hereby authorized to charge indicated fees and credit any overpayments to: | |
| Deposit account number: | 500951 |
| Access Code | **** |
| Deposit name: | Akerman Senterfitt |
| Deposit authorized name: | Michael C. Cesarano |
| Signature: | /Michael C. Cesarano/ |
| Date (YYYYMMDD): | 2004-04-20 |
| Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17. | |